VERMONT

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING
Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
http://www.dail.vermont.gov
Survey and Certification Voice/TTY (802) 241-0480
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

December 27, 2018

Ms. Amy Lockerby, Manager
Giordano Manor
34 Canada Street
Swanton, VT 05488

Dear Ms. Lockerby:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 7, 2018.** Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN
Licensing Chief

DEC 18 2018

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0038	A. BUILDING: _____ B. WING _____	C 11/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GIORDANO MANOR	34 CANADA STREET SWANTON, VT 05488

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced onsite relicensing survey and complaint investigation was conducted by the Division of Licensing and Protection from 11/6-11/7/18. The following regulatory deficiencies were identified.	R100	Per TC 12/13/18 with Heather Trombley RN: The RN will be responsible for monitoring for ongoing compliance for: R172, R179, R228 POC accepted with addendum Karen Campos RN 12/13/18	
R172 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.h All medicines and chemicals used in the home must be labeled in accordance with currently accepted professional standards of practice. Medication shall be used only for the resident identified on the pharmacy label. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the home failed to ensure that all medications were labeled in accordance with currently accepted professional standards for 1 of 3 residents reviewed (Resident #1). Findings include: Per observation of the medication storage system, the home failed to ensure that Insulin pens were labeled with the date they were opened. Two insulin pens in use for Resident #1 had no date of opening on them. Humalog is recommended to be discarded 28 days after opening, and the Levemir insulin 42 days after opening. The staff administering medications to residents confirmed that there was no date of when it was opened on either insulin pen. Per interview on 11/7/18 at 11:45 AM, the Registered Nurse confirmed that there was no date of opening on either of the Insulin pens in use for Resident #1.	R172	R172 11/18/18 Done-> 11/28/18 Our practice has been when Insulin is opened the date it is opened is written in marker on outside of pen, when the survey took place the marker had been wiped/worn off. We now write on a piece of tape attached to Insulin pen date opened We also have clearly printed guidelines on how long each type of insulin is good for. Heather Trombley RN 11/28/18	

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

R172 - R228 POC's accepted 12/13/18 KCamposRN/rme

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R179 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following: (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to ensure that all staff had the required training for 5 of 5 employees reviewed. Findings include: 1. Based on employee education files, there was no evidence for 5 of 5 staff reviewed that they had	R179	R179 11/28/18 Training material complete. 5 RN Heather Tremblay has developed a training 11/28/18 Heather Tremblay RN	

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R179	Continued From page 2 been trained in first aide and medical emergency response. Per interview with the nurse, some of the staff were CPR and First Aide certified, however most were not. The RN stated that the staff had been inserviced on some basic first aide and how to respond to a medical emergency, however this was not documented as part of the inservices provided to staff. 2. Per review of a new employee at the home, the orientation checklist was not completed or signed by the employee or by the staff completing the orientation to indicate they had been trained in the required areas before providing care to residents. Per interview on 11/7/18 at 12:20 PM, the RN for the home confirmed that the documentation was not complete for these two requirements.	R179	11/28/18 Done 7 TRN Cont from page 2 #5 for all Staff (See enclosed). This training includes basic CPR - calling 911 chest compressions. what to do when a resident has a seizure, Heart Attack and Stroke Identification, Fall/Head injury → hospitalization. Bleeding care of and when to get help. When someone is choking how to help. This is on a poster which now hangs in care home kitchen. Each staff member has to be trained and review each segment and sign off completion.	
R228 SS=D	VI. RESIDENTS' RIGHTS 6.16 Residents have the right to formulate advance directives as provided by state law and to have the home follow the residents' wishes This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to ensure that a resident's advanced directives were updated to reflect current status for 1 of 4 residents (Resident#1). Findings include: Per record review, Resident #1 was admitted to the home in 2016 and at that time was a full code status. The resident changed the code status at	R228	all training done by 12/7/18 #6 - Each resident has a COLST or advanced directive in chart. We had been filling in on the hospital visit sheet R228	

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R228	Continued From page 3 an MD visit in July 2017, and filled out a COLST form signed by both the resident and the MD that they wished to change their status to a "Do Not Resuscitate". The record did not reflect this change, and the resident was still considered a full code in multiple areas of the medical record. Per interview on 11/7/18 at 9:30 AM, the Registered Nurse confirmed that the code status of Resident #1 had not been changed on the emergency sheet or in other parts of the medical record to reflect the current wishes of the resident.	R228 #6	cont pg 3 Code status to be helpful however this is not a binding status only the actual signed COLST is, which we now send to hospital with every resident. We have stopped adding this to any portion of chart except MAR and COLST to avoid this sort of inconsistency in the future. Re: Code status all MAR up to dat copy of COLST with each hosp. visit sheet by 12/7/18	

11/28/18 Heather Tremblay RN